

Perth Basketball Association

Team Nomination Form

Loftus

Summer - 2014 / 2015



Team Details

Team Name: _____

Uniform Colour:

Coaches Name: _____ **Contact Phone No:** _____

Mobile No: _____ **Email Address:** _____

2nd Contact Name: _____ **2nd Contact Phone No:** _____

Circle Competition – Proposed Age Groupings

Please note if a child does not fall within the correct age group a letter must be sent to domestic@perthredbacks.asn.au for consideration

U10's (03/04/05) U12's (03/04) U14's (01/02)

U16's (99/ 00) U18's (97/98)

Girls Open Age

NOMINATIONS CLOSE 4th October 2014

Player Details

[illegible]

Coaches will be contacted with details of the first game. After this it is your responsibility to check the times of all future games on line at www.perth.basketball.net.au . Results and ladders will be updated at the completion of each round.

If you have any questions of concerns please call Perth Basketball Association on 9472 8110. Please read the competition rules on the back of the nomination form. Completing and submitting this nomination form means you have read and accepted all the rules and by-laws for this competition.



Perth Basketball Association



Season Rules

Fees:

\$60 Individual Registration

Weekly game fee is \$8.00 per player.

All individual fees must be paid by the third (3rd) playing date of the player.

Failure to pay fees will result in the player becoming ineligible to play.

In case of hardship see Co-ordinator.

Number of players:

Teams are encouraged to field a team of five (5) players or more.

Uniforms:

All teams must be in full uniform by the third (3) playing week.

No Jewellery, Jeans or boardies etc may be worn.

Bylaws:

Every team completing a nomination form agrees to these rules and those of the Perth Basketball Association Junior Bylaws (available from domestic coordinator or on line at www.perth.basketball.net.au under domestic).

Please become familiar with the rules as Failure to adhere to the rules could result in the team being removed from the competition.

Signed: _____ Date: _____

Name: _____

The Co-ordinator has the final say on all MATTERS

Perth Basketball Association PO Box 292 Northbridge WA 6865

9472 8110